



The Commonwealth of Massachusetts
Department of Veterans' Services
APPLICATION FOR VETERANS' BENEFITS – Form VS-1
(Massachusetts General Laws, Chapter 115)



Application Date: _____
Applicant's SSN: _____
City/Town: _____

State Case Number: _____
Spouse's SSN: _____
War Code: _____

Applicant's Name: _____
Applicant's DOB: _____
Address: _____
Applicant's Tel. #: _____

Relation to Veteran: _____
Local Use: _____
City/State/Zip: _____
Section/Neighborhood: _____

Name of Last Employer: _____
Address of Last Employer: _____
Occupation: _____
Employment Last Two Years: _____
Reason for Application: _____

Length of Employment (In Months) _____
City/State/Zip: _____
Weekly Wages: _____ Income Due: _____
Date of Last Wages: _____ Amount: _____
Reason for Unemployment: _____

Is Applicant Able to Work: Yes No If "No" – is Medical Report on file in local DVS office? Yes No

Veteran's Name (if not applicant): _____
Address: _____
Name and Address of Employer: _____
Occupation: _____

Veteran's DOB (if not app.) _____
Vet's Tel. #: _____
Weekly Wages: _____

Branch of Service: _____
Dates of Last Active Wartime Service – From: _____ To: _____

Service Number: _____
Character of Service: _____

PERSONS IN HOUSEHOLD SEEKING AID

Members of Household Including Applicant	Date of Birth	Relationship to Applicant	School/Incapacity/ Occupation	Name of Employer	Monthly Wages	Contribution to Household

(Use additional Sheet if Needed)

OTHER MEMBERS OF HOUSEHOLD

(Shaded areas may be filled in by are not required.)

Members of Household	Date of Birth	Relationship to Applicant	School/Incapacity/ Occupation	Name of Employer	Monthly Wages	Contribution to Household

MINOR CHILDREN OF APPLICANT LIVING OUTSIDE OF HOUSEHOLD

Name	Date of Birth	Living With Whom and Relationship	Address	Income & Type From Any Source	School

Are you obligated to pay support for children listed above? Yes No Are you in arrears for any such payments? Yes No

Is Applicant currently in receipt of any other public assistance from any other source? If yes, explain. (Use additional sheet if needed.) _____

Have you ever received any Veterans' Benefits from any other city/town in Massachusetts? If yes, explain. (Use additional sheet if needed.) _____

IS APPLICANT ELIGIBLE FOR:

Unemployment Compensation Yes No
Workmen's Compensation Yes No
Strike Benefits Yes No
Other Benefits Yes No

IF YES, GIVE DETAILS (Use additional sheet if needed.)

Details: _____
Details: _____
Details: _____
Details: _____

Does applicant have a claim for which assignments should be taken? Yes No
 Has an assignment been taken? Yes No
 Does applicant have any Real Estate Liens? Yes No
 Does Lien Law apply? Yes No
 Has Lien been placed? Yes No
 If yes, list County Registry Where Recorded. _____

No
 Date: _____

 Date: _____
 List Book and Page Number: _____

REAL ESTATE OWNED BY APPLICANT and/or SPOUSE

(List address & description of real estate in which equity is held.)

RESOURCES

(List Amounts Received per Month or Date of Application.)

Veteran's Affairs Benefits:

Compensation Pct: _____ % Claim Number (C#): _____
 Compensation awarded for what injury or illness? _____
 Compensation Amount: _____ Per Month _____
 Pension Amount: _____ Per Month C# _____
 Other Benefits (Type & Amt.): _____

Social Security Benefits

Social Sec. Amt:		Soc. Sec. #:	
Spouse's S.S. Amt.		Spouse's S.S. #	
Dep. Child S.S. Amt.		Dep. Child S.S. #	

Other

Retirement:		Spouse's Ret.:	
Other Income – Describe:			
Stocks (of any kind), Bonds, Annuities – Describe:			

Principal:		Water/Sewer:	
Interest:		Home Insurance:	
Taxes/Mo		Assessed Value:	
Monthly Income From Property:			
Describe:			
Do you have a second mortgage or equity line?	Yes	No	
If yes, provide complete details. (Use additional sheet if needed.)			

Have you sold or transferred any real estate within the last 36 months?	Yes	No	Dates:	
Explain in detail below (use additional sheet if needed).				
Name of Bank(s):				
Amount of Present Balance(s):				

List the Name, Account Number(s), and current Value of all IRAs, Savings Bonds, Money Market Accounts, Certificates of Deposit, 401K Accounts, or any other type of savings, investment or retirement account of any kind. (Use additional sheet if needed): _____

Have you transferred any Bonds, Bank Books, or any amount of Money; made an Irrevocable Beneficiary on any insurance or assigned any insurance; do you have a joint account with any other person; created any real property trusts, living wills, etc.? Yes No
 If "YES" prior approval from DVS is required. Describe Fully (Use additional sheet if needed). _____

Number of Vehicles in Household Owned or Leased, by Applicant or Spouse; Year, Make, Model. Registration Number and State of Each vehicle. List all vehicles even if not registered. (Use additional sheet if needed): _____

List all outstanding creditors and amounts owed, including any personal loans (use additional sheet if needed). _____

Give full details of all bank withdrawals in the past 12 months (other than monthly living expenses) (use additional sheet if needed). _____

LIFE INSURANCE: YES NO

Name of person insured	Amount	Monthly Premium	Policy No.	Company	Beneficiary

DOES APPLICANT OR SPOUSE HAVE MEDICAL INSURANCE? YES NO

Name of Company: _____ Premium Amount: _____

Type: _____

Does Applicant's Court Record have any effect on this application? YES NO If yes, Prior Approval from State Required! Explain. (See 108 CMR 3.06(1)(d).) (Use additional sheet if needed.) _____

MARITAL HISTORY

APPLICANT

(Use additional sheet if needed.)

Date & Place of Marriage	To Whom Married	How Marriage Dissolved	Date & Place of Divorce Decree or Death

SPOUSE

Date & Place of Marriage	To Whom Married	How Marriage Dissolved	Date & Place of Divorce Decree or Death

Applicant's Initials	Spouse's Initials	EACH STATEMENT BELOW MUST BE READ, THEN INITIALED, AND THEN SIGNED AND DATED BY THE APPLICANT AND THE SPOUSE, IF MARRIED.
		I have completely read all three pages of this form. If I had a question on any issue, I asked for an answer and I received an answer that I understood.
		I have not concealed money on hand or in the bank (in either my own name or that of some other person for my benefit) or any ownership in personal or real property or any kind.
		I hereby agree to notify the Veterans' Services Officer/Agent immediately of <u>any</u> change in my circumstances including, but not limited to, if I obtain employment, <u>win</u> or <u>receive</u> money from <u>any</u> source, receive any merchandise in lieu of money, change of address, leaving the State for more than seven (7) days, <u>sell</u> any <u>real</u> or <u>personal</u> property, or receive inheritance.
		I have read, signed and accepted the provisions of Chapter 367, Section 54A, of the Acts of 1978, which is the Computer Match Consent Notice.
		I am <u>not</u> receiving Veterans' Benefits from any other city or town in Massachusetts, or benefits of any type from any other state or federal agency other than those listed on this form.
		I understand and agree that any false statement in this application or a violation of this agreement will cause the refusal or future assistance.
		I declare under the penalties of perjury that the statements herein made are correct and true.

Signature of Applicant

Signature of Spouse

Printed/Typed Name of Applicant

Printed/Typed Name of Spouse

Date: _____

Date: _____

I, the undersigned Veterans' Services Officer/Agent, have asked the Applicant for a response to every question on this form or for all information sought on this form. Where appropriate, I have entered "None" or "N/A" (Not Applicable) or the number zero ("0"). I am not recommending approval of this application.

If recommending benefits "x" out or "cross out" the word "not."

Date: _____

Signature of Veterans' Services Officer/Agent

VSO's Printed or Typed Name: _____

**ALL ITEMS MUST BE COMPLETED OTHERWISE THIS FORM WILL BE RETURNED!
THIS FORM MUST BE ACCOMPANIED BY A VS-21A!**